## **Wyoming Medication Donation Program**



Wyoming Department of Health, Office of Healthcare Financing 2508 E. Fox Farm Road, Suite 2A Cheyenne, WY 82007 Ph: (307)-635-1297 OR (855)-257-5041



## **Donor Record**

Completion of this form is pursuant to the Drug Donation Program Act, Wyoming House of Representatives Bill No. 0194 and the Wyoming Administrative Procedures Act. Questions about completion of this form may be directed to 307-635-1297. Date of Donation:\_\_\_\_\_ City/State/Zip:\_\_\_\_\_ Donor Address: Donation Site Name: Medication Name & Strength Quantity **NO CONTROLLED SUBSTANCES!!** Initials of Staff accepting donation:\_\_\_\_

| I certify that the above-named medications were stored as recommended by with. | the manufacturer and have not been tampered |
|--|---|
| Donor Signature  | Date  |

Section 6. Immunity. Any person or entity, which exercises reasonable care in donating, accepting, distributing/dispensing medications under the Drug Donation Program Act or rules and regulations adopted and promulgated under this act shall be immune from civil or criminal liability or professional disciplinary action of any kind for any related injury, death or loss.

## **Donor Record- Continued**

Please staple pages together

| Medication Name & Strength (Must be completed)  | Donor Name:                | Date of Donation:_ |                 |
|---|----------------------------|--------------------|-----------------|
| (Must be completed)         (Must be complete |                            |                    |                 |
| (Must be completed)         (Must be complete | Medication Name & Strength | Quantity           |                 |
|   | (Must be completed)        | ,                  |                 |
| Initials of S   | • • •                      |                    |                 |
| Initials of S   |                            |                    | Initials of Ct. |
|   |                            |                    |                 |
| accepting donation:_  |                            |                    |                 |